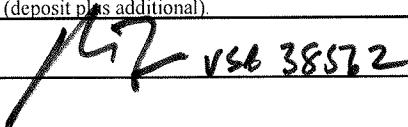


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
<b>TRANSCRIPT ORDER</b>					DUE DATE:	
<i>Please Read Instructions:</i>						
1. NAME Robert Cahill		2. PHONE NUMBER (703) 456-8000		3. DATE 3/16/2018		
4. MAILING ADDRESS 11951 Freedom Drive, 14th Floor		5. CITY Reston		6. STATE VA	7. ZIP CODE 20190	
8. CASE NUMBER 3:17-cv-00072-NKM-JCH		9. JUDGE Norman K. Moon		DATES OF PROCEEDINGS 10. FROM 3/16/2018 11. TO 3/16/2018		
12. CASE NAME Elizabeth Sines, et al. v. Jason Kessler, et al					LOCATION OF PROCEEDINGS 13. CITY Charlottesville 14. STATE VA	
15. ORDER FOR <input type="checkbox"/> APPEAL <input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CRIMINAL <input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				Telephonic Hearing		3/16/2018
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS	
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HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	0.00	
18. SIGNATURE 				PROCESSED BY		
19. DATE 3/16/2018				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00	
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00	

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